## STATE OF MAINE WATER WELL DRILLING COMMISSION 161 CAPITOL STREET AUGUSTA, MAINE 04330-0011

## JOURNEYMAN WATER WELL DRILLING EXAMINATION APPLICATION

. in accordance with 32 MRSA §4700-T

sub-§§2.A hereby apply to sit for the, journeyman well driller examination,		
certify that I have been actively engaged in the trade of well drilling and		
have a minimum ofyears experience in well drilling and have		
worked an average ofhours per year as an apprentice well driller		
for each of those years, and have enclosed the required		
application/examination fee, reference forms and will take an examination as required by 32 MRSA §4700-I §§4 at a time and place specified by the		
Commission. I have stated my pertinent work history on the back of this		
form, as required by Section D-202.0 of the Well Driller and Pump Installer		
Rules.		
PLEASE TYPE OR PRINT IN INK		
Name of Applicant		
Address		
TelephoneSocial Security #		
Signature		
Are you a licensed well driller in another state? If yes, what state		

## BE SURE TO COMPLETE EMPLOYMENT HISTORY SECTION ON BACK

## **REFERENCES:**

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Enclosed are three (3) reference forms. Please have these completed and return with your application.

APPLICATION REVIEW/EXAMINATION FEE \$25.00 - MAKE CHECK PAYABLE TO STATE TREASURER AND SUBMIT WITH THE COMPLETED APPLICATION TO: Maine Water Well Drilling Commission, Health Engineering, 11 State House Station, Augusta, 04330-0011

NOTE: Exam Questions are taken from Chapters 10-11 of "Groundwater and Wells" Second Edition, by Fletcher G. Driscoll, and the "State of Maine Well Drillers and Pump Installers Rules"

This book can be purchased through National Ground Water Association, call 1-800-551-7379. It is also available at the University of Maine - Orono Library and the University of Southern Maine - Gorham Campus Library. Check with your local library and see if it is available through the Lending Library.

	illers and Pump Installers Rules, I have nd have worked at least hours as years in the trade as follows:
EMPLOYER:	
ADDRESS:	
TELEPHONE:	<del>-</del>
SUPERVISOR:	TELEPHONE:
DATES OF EMPLOYMENT:	
FROM:	TO:
POSITION/DUTIES:	
EMPLOYER:	
ADDRESS:	-
	_
TELEPHONE:	
SUPERVISOR:	_TELEPHONE:
DATES OF EMPLOYMENT:	
FROM:	TO:
POSITION/DUTIES:	
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FROM:	TO:
POSITION/DUTIES:	